PRINTED: 04/29/2010 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILOIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	COMPLETED
		44E232	3 VMNG_		j 04/27/2010
	PROVIDER OR SUPPLIER DE COUNTY NURSIN	3 HOME	STR 10		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
		AFETY CODE STANDARD	K 052	K <u>052</u>	5/20/10
K 130 SS=F	A fire alarm system installed, tested, at with NFPA 70 Nati 72. The system ha and testing program requirements of NF PA 101 MISCEL With NFPA 101 MISCEL	esting of the main fire alarm t 8:30 p.m. revealed that when 2 were disconnect from the b audible signals at the panel. tion Association (NFPA) 72, knowledged by the erified by the Maintenance tit conference on 4/27/10.	K 130	1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED' BY THE DEFICENT PRACTICE? Maintenance Director contacted ADT Security company on 5/11/10. ADT determined the audible trouble alarm could not be increased. However, they agreed to move the code box alarm outside the fire panel, which will result in a louder trouble alarm. This should be moved by 5/19/10. On 5/10/10 Maintenance	
<u> </u>	. N	EDICUDDICO DEDOCACITATIVOS CICAR	TUDE	TITLE	(X6) DATE
0 .	10 .	ER/SUPPLIER REPRESENTATIVE'S SIGNA	II UKE	A 1	
<u> </u>	have Dunt	n asterick (*) denotes a deficiency which	the institution	Administrativ	5-12-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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ErlangerBledsoe

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND WERE	gal engling allered to the	1	A. BUILDING	01 - MAIN BUILDING 01	
		445232	ā, wing		04/27/2010
,,	PROVIDER OR SUPPLIED		107	ET ADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE (EVILLE, TN 37367	
(X4) ID PREFIX TAG	'EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
K 052 SS≖F	A fire alarm syste installed, tested, a with NFPA 70 Nat 72. The system he and testing progra	MAFETY CODE STANDARD m required for life safety is and maintained in accordance ional Electrical Code and NFPA as an approved maintenance am complying with applicable FPA 70 and 72. 9.6.1.4	K 052	Director and Staff also tested the current system to ensure audible and visual alarms were working correctly. This test revealed the system was functioning properly.	
K 130 I	Based on observa determined the fact alarm system. The findings included the fact alarm system. The findings included the findings included the findings and panel on 4/27/10, a phone lines #1 or #1 panel, there were in National Fire Protestational Fire Protestatio	testing of the main fire alarm at 8:30 p.m. revealed that when 2 were disconnect from the no audible signals at the panel. ction Association (NFPA) 72, cknowledged by the verified by the Maintenance xit conference on 4/27/10.	K 130	2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? All residents have the potential to be effected by this practice. 3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES	
j	United to the second	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
ENERGY.	OF CORNEOTIFY	- ENTERONIUM PUMBER	A. BUILDING	01 - MAIN SUILDING 01	
 		445232	B. Wins		04/27/2010
1	PROVIDER OR SUPPLIE		10	EET ADDRESS, CITY, STATE, ZIP CODE 7 WHEELERTOWN AVENUE KEVILLE, TN 37367	
(X4) ID PREFIX TAG	FACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OFD BE COMPLETION
K 052 SS=F	A fire alarm systel installed, tested, with NFPA 70 Na 72. The system hand testing progra	MARETY CODE STANDARD Immorequired for life safety is and maintained in accordance tional Electrical Code and NFPA as an approved maintenance arm complying with applicable IFPA 70 and 72. 9.6.1.4	K 052	WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Maintenance Directo contacted ADT Security company on 5/11/10. ADT determined the audible trouble alarm could not be increased. However, they agreed to move	r
	Based on observa determined the fa alarm system. The findings inclu-			the code box alarm outside the fire panel which will result in a louder trouble alarm. This should be move by 5/19/10.	<u> </u>
	panel on 4/27/10, phone lines #1 or panel, there were	testing of the main fire alarm at 8:30 p.m. revealed that when #2 were disconnect from the no audible signals at the panel. ection Association (NFPA) 72,		ADT Security System will perform seming annual checks to ensure the system is functioning properly	!
K 130 SS=F	Administrator and Supervisor at the e NFPA 101 MISCE	cknowledged by the verified by the Maintenance exit conference on 4/27/10. LLANEOUS CIENCY NOT ON 2786	K 130	The Maintenance	
ABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN/	TURE	TITLE	(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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K 052 NF SS=F A finst with 72. and required alarm. The Obserpane phone pane	(EACH DEFICIENCE REGULATORY OR FPA 101 LIFE Softire alarm system stalled, tested, at the NFPA 70 Nation of the System had testing program	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION; AFETY CODE STANDARD In required for life safety is and maintained in accordance onal Electrical Code and NFPA is an approved maintenance in complying with applicable	ID PREFIX TAG	REET ADDRESS, CITY, STATE, ZIP CODE 07 WHEELERTOWN AVENUE PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) Staff will also perform quarterly checks to ensure the system is functioning	DULD BE COROPRIATE	(XS) MPLE DATE
K 052 NF SS=F A finst with 72. and required alarm. The Obserpane phone pane	SUMMARY ST (EACH DEFICIENC REGULATORY OR FPA 101 LIFE SA fire alarm system stalled, tested, and th NFPA 70 Nation. The system hand testing program	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION; AFETY CODE STANDARD In required for life safety is and maintained in accordance onal Electrical Code and NFPA is an approved maintenance in complying with applicable	ID PREFIX TAG	or wheelertown avenue PIKEVILLE, TN 37387 PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) Staff will also perform quarterly checks to ensure the	DULD BE COROPRIATE	MPLE.
K 052 NF SS=F A fi inst with 72. and requ This Bass dete alarr The Obse pane phon pane	(EACH DEFICIENCE REGULATORY OR FPA 101 LIFE Softire alarm system stalled, tested, at the NFPA 70 Nation of the System had testing program	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION; AFETY CODE STANDARD In required for life safety is and maintained in accordance onal Electrical Code and NFPA is an approved maintenance in complying with applicable	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIES OF T	DULD BE COROPRIATE	MPLE.
SS=F A finst with 72. and required for the control of the control	fire alarm systen stalled, tested, and th NFPA 70 Nation. The system hand testing program	n required for life safety is nd maintained in accordance onal Electrical Code and NFPA s an approved maintenance m complying with applicable		perform quarterly checks to ensure the	:	
pane phon pane	sed on observati	FPA 70 and 72. 9.6.1.4 s not met as evidenced by: ons and testing it was lity failed to maintain the fire		properly. 4) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR? ADT Security System will perform quarterly checks to ensure the system is functioning	n	
This Admi Supe	el on 4/27/10, at the lines #1 or #2 el, there were no ional Fire Protec 4.6 s finding was ack pinistrator and ve	esting of the main fire alarm to 8:30 p.m. revealed that when were disconnect from the audible signals at the panel, tion Association (NFPA) 72, anowledged by the erified by the Maintenance it conference on 4/27/10, ANEOUS	K 130	properly. The Maintenance Staff will also perform quarterly checks to ensure the system is functioning properly		
SS=F OTHE		IENCY NOT ON 2786				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CUA

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PRINTED: 04/29/2010 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED COMPLETED

AND PLAN	OF CORRECTION	PER INTOMINATIONS	A. BUIL	DING	01 - MAIN BUILDING 01		
İ		44E232	a. WIN	G		04/:	27/2010
ĺ	PROVIDER OR SUPPLIER OE COUNTY NURSING	HOME		107 \	TADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE EVILLE, TN 37367		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLO BE	(X5) COMPLETION DATE
K 130	Continued From page	ge 1	K 1	30	K <u>130</u>		5/6/10
	Penetrations and mi barriers such as pip cables, wires, air du ducts, and similar bit pass through fire bat follows: (1) The space betwithe fire barrier shall conditions: a. It shall be filled capable of maintaining the fire barrier b. It shall be protent that is designed for the purpose. Based on observation facility failed to maintaining the findings included to the findings included to the findings included to the string of the text of the attic on 4/27/10, apenetrations in the will these findings were administrator and verifications.	ected by an approved device he specific ns it was determined the tain fire barriers. d: ents' room 102 on 4/27/10 at penetration around the ire Protection Association 4.2 hree (3) fire walls located in at 8:15 p.m. revealed alls. NFPA 101, 8.2.3.2.4.2			1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICENT PRACTICE? On 5/6/10 Maintenance Director and Staff patched penetrations around sprinkler heads and pulled percussion cover to ceiling in Room 102. The penetrations in the fire walls were also repaired using mortar, allowed to dry and then completed with fire caulk.		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) PROVIDER/SUPPLIER/CLIA (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X3) DATE SURVEY COMPLETED		
			B. WING	01 - MAIN BUILDING 01	0.410510045
•		44E232			04/27/2010
	PROVIDER OR SUPPLIER DE COUNTY NURSING	S HOME	107	ET ADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE (EVILLE, TN 37367	
	CIRDADA EX	TEMENT OF DEFICIENCIES	. 10 ;	PROVIDER'S PLAN OF CORRE	ECTION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP- DEFICIENCY)	ROULD BE COMPLETION DATE
	Penetrations and m barriers such as pip cables, wires, air du ducts, and similar b pass through fire bar follows: (1) The space betwith fire barrier shall conditions: a. It shall be fille capable of maintain the fire barrie b. It shall be prothat is designed for purpose. Based on observation facility failed to main. The findings include Observation of resid 7:15 p.m. revealed a sprinkler. National F (NFPA) 101, 8.2.3.2. Observations of the the attic on 4/27/10, penetrations in the way these findings were Administrator and versions.	s not met as evidenced by: iscellaneous openings in fire ies, conduits, bus ducts, iects, pneumatic tubes and uilding service equipment that irriers shall be protected as ireen the penetrating item and meet one of the following if with a material that is ing the fire resistance of itected by an approved device the specific ons it was determined the tain fire barriers. d: ents' room 102 on 4/27/10 at penetration around the ire Protection Association	K 130	DENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? All residents have the potential to be affected by this practice. Maintenance Directed and staff will routinely monitor all areas of the physical plant to ensure that the overall nursing home environment is maintained.	E E ne or
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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
נעד טעני	MOFFDERRODED	IDENTIFICATION NUMBER:	A BUILDING	01 - MAIN BUILDING 01	
		445232	a. WING		04/27/2010
	PROVIDER OR SUPPLIES		107	ET ADDRESS, CITY, STATE, ZIP CODE 7 WHEELERTOWN AVENUE KEVILLE, TN 37367	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REPERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
K 130	Penetrations and barriers such as p cables, wires, air of ducts, and similar pass through fire to follows: (1) The space bet the fire barrier shat conditions: a. It shall be fill capable of maintain the fire barrier b. It shall be propose. Based on observation facility failed to maintain the findings included to the fire barrier b. It shall be propose. Based on observation of resingular facility failed to maintain the findings included to the findings included to the findings included to the findings included the findings included the findings included the attiction of the findings were findin	is not met as evidenced by: miscellaneous openings in fire ipes, conduits, bus ducts, fucts, pneumatic tubes and building service equipment that parriers shall be protected as ween the penetrating item and il meet one of the following ed with a material that is ning the fire resistance of er. otected by an approved device the specific ions it was determined the ntain fire barriers. ed: dents' room 102 on 4/27/10 at a penetration around the Fire Protection Association	K 130	WHAT MEASURI WHAT EPUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Maintenance Directs and staff will routinely monitor all areas of the physical plant to ensure that the overall nursing home environment is maintained.	S E T
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:	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
	DE GODESCION	TO THE PROPERTY OF THE PROPERT	i A. BUILDING	01 - MAIN BUILDING DI	1 1 1 1 1 1 1 1 2 2 1 2 2 1
! !		İ	a. wing		
		44E232			04/27/2019
Í	PROVIDER OR SUPPLIER	- UA\$\$C	107	ET ADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE	
SEEDEC	DE COUNTY NURSING		PIK	EVILLE, TN 37367	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX : TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	100FD BE COMPLETION
	Penetrations and m barriers such as pip cables, wires, air du ducts, and similar b pass through fire bar follows: (1) The space between the fire barrier shall conditions: a. It shall be filled capable of maintain the fire barrie b. It shall be protent to the street of the fire barrie b. It shall be protent is designed for purpose. Based on observation facility failed to maintain the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included to the findings included the findings included the findings in the way the findings were administrator and very supplied the findings were administrator and very supplied to the findings were administrator and very supplied	s not met as evidenced by: iscellaneous openings in fire ies, conduits, bus ducts, icts, pneumatic tubes and uilding service equipment that irriers shall be protected as ween the penetrating item and meet one of the following ad with a material that is ing the fire resistance of r. tected by an approved device the specific ons it was determined the train fire barriers. d: ents' room 102 on 4/27/10 at a penetration around the Fire Protection Association	K 130	4) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR? Maintenance Directo with cooperation of all departments will continue to monitor and all departments will report any conditions of the physical plant to ensure the safety and well being of residents.	
					20